Commonwealth of Pennsylvania

CAMPAIGN FINANCE REPORT

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number:	
Report Filed By:	CANDIDATE 1. [ ] COMMITTEE 2. [X] LOBBYIST 3. [ ]
Name of Filing Committee, Candidate or Lobbyist:	FRIENDS OF TOM DIETRICH
Street Address:	610 Northampton Street
City:	Hellertown
State:	Pa
Zip Code:	18055 - 1840

TYPE OF REPORT (place X to the right of report type)

6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2. X	30 DAY POST PRIMARY	3.
6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST ELECTION	6.
ANNUAL REPORT	7.	YEAR			

AMENDMENT REPORT? YES [ ] NO [ ]

TERMINATION REPORT? YES [ ] NO [ ]

FILING METHOD (✓) CHECK ONE: PAPER [ ] DISKETTE [ ]

Name of Office Sought by Candidate:	Date of Election (Mo. / Day / Year)	District Number	Office Code	Party Code	County Code
County Council, District #1	11 / 06 / 2007	1	OTH	Rep	48

(SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from: 06 / 05 / 2007 To 10 / 22 / 2007

A. Amount Brought Forward From Last Report	$	149.08
B. Total Monetary Contributions and Receipts (From Schedule I)	$	350.00
C. Total Funds Available (Sum of Lines A and B)	$	499.08
D. Total Expenditures (From Schedule III)	$	172.31
E. Ending Cash Balance (Subtract Line D from Line C)	$	326.77
F. Value of In-Kind Contributions Received (From Schedule II)	$	0
G. Unpaid Debts and Obligations (From Schedule IV)	$	0

FOR OFFICE USE ONLY

ENTERED 2007 OCT 26 [...]47 NORTHAMPTON COUNTY ELECTION OFFICE EASTON, PA

AFFIDAVIT SECTION

PART I — If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 25th day of October 2007

Signature: Mary E. Barket

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Mary E. Barket, Notary Public
Lower Nazareth Twp., Northampton County
My Commission Expires Sept. 29, 2011

My commission expires MO.

Signature of Person Submitting Report: Cherie D. Dietrich

Printed Name: Cherie D. Dietrich

Area Code: 484 Daytime Telephone Number: 851-3016

PART II — If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, No. 320) as amended.

Sworn to and subscribed before me this 25th day of October 2007

Signature: Mary E. Barket

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Mary E. Barket, Notary Public
Lower Nazareth Twp., Northampton County
My Commission Expires Sept. 29, 2011

My commission expires MO.

Signature of Candidate: Thomas Dietrich

Printed Name: Thomas Dietrich

Area Code: 484 Daytime Telephone Number: 554-3237

SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF TOM DIETRICH	From 6/5/07 To 10/22/07

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - $50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	$ 95.00

2. CONTRIBUTIONS $50.01 TO $250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	$ 75.00
All Other Contributions (Part B)	$ 180.00
TOTAL for the Reporting Period (2)	$ 255.00

3. CONTRIBUTIONS OVER $250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	$ 0
All Other Contributions (Part D)	$ 0
TOTAL for the Reporting Period (3)	$ 0

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period (4)	$ 0

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD *(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)*	$ 350.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

$50.01 TO $250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from $50.01 to $250.00 in the reporting period.

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF TOM DIETRICH	From 6/5/07 To 10/22/07

Full Name of Contributing Committee / Mailing Address / City, State, Zip Code (Plus 4)	DATE MO.	DAY	YEAR	AMOUNT
Full Name of Contributing Committee: Charle Dent FOR CONGRESS	09	14	07	$ 75.00
Mailing Address: PO Box 442				$
City: Allentown; State: Pa; Zip Code (Plus 4): 18105-0042				$
Full Name of Contributing Committee:				$
Mailing Address:				$
City: ; State: ; Zip Code (Plus 4): -				$
Full Name of Contributing Committee:				$
Mailing Address:				$
City: ; State: ; Zip Code (Plus 4): -				$
Full Name of Contributing Committee:				$
Mailing Address:				$
City: ; State: ; Zip Code (Plus 4): -				$
Full Name of Contributing Committee:				$
Mailing Address:				$
City: ; State: ; Zip Code (Plus 4): -				$
Full Name of Contributing Committee:				$
Mailing Address:				$
City: ; State: ; Zip Code (Plus 4): -				$
Full Name of Contributing Committee:				$
Mailing Address:				$
City: ; State: ; Zip Code (Plus 4): -				$
Full Name of Contributing Committee:				$
Mailing Address:				$
City: ; State: ; Zip Code (Plus 4): -				$

PAGE TOTAL $ 75.00

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PART B

ALL OTHER CONTRIBUTIONS

$50.01 TO $250.00

Use this Part to itemize all other contributions with an aggregate value from $50.01 to $250.00 in the reporting period. (Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF TOM DIETRICH	From 6/5/07 To 10/22/07

Contributor	DATE (MO. / DAY / YEAR)	AMOUNT
Full Name of Contributor: Roger MABUS	06 / 25 / 07	$ 180.00
Mailing Address: 2228 West Walnut Street	MO. / DAY / YEAR	$
City: Allentown; State: Pa; Zip Code (Plus 4): 18104-6342	MO. / DAY / YEAR	$
Full Name of Contributor:	MO. / DAY / YEAR	$
Mailing Address:	MO. / DAY / YEAR	$
City: ; State: ; Zip Code (Plus 4): –	MO. / DAY / YEAR	$
Full Name of Contributor:	MO. / DAY / YEAR	$
Mailing Address:	MO. / DAY / YEAR	$
City: ; State: ; Zip Code (Plus 4): –	MO. / DAY / YEAR	$
Full Name of Contributor:	MO. / DAY / YEAR	$
Mailing Address:	MO. / DAY / YEAR	$
City: ; State: ; Zip Code (Plus 4): –	MO. / DAY / YEAR	$
Full Name of Contributor:	MO. / DAY / YEAR	$
Mailing Address:	MO. / DAY / YEAR	$
City: ; State: ; Zip Code (Plus 4): –	MO. / DAY / YEAR	$
Full Name of Contributor:	MO. / DAY / YEAR	$
Mailing Address:	MO. / DAY / YEAR	$
City: ; State: ; Zip Code (Plus 4): –	MO. / DAY / YEAR	$
Full Name of Contributor:	MO. / DAY / YEAR	$
Mailing Address:	MO. / DAY / YEAR	$
City: ; State: ; Zip Code (Plus 4): –	MO. / DAY / YEAR	$
Full Name of Contributor:	MO. / DAY / YEAR	$
Mailing Address:	MO. / DAY / YEAR	$
City: ; State: ; Zip Code (Plus 4): –	MO. / DAY / YEAR	$

PAGE TOTAL $ 180.00

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

DSEB-502 (7-99)

PART C

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

OVER $250.00

Use this Part to itemize only contributions received from political committees with an aggregate value over $250.00 in the reporting period.

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF TOM DIETRICH	From 06/05/07 To 10/22/07

Contributor			DATE MO.	DAY	YEAR	AMOUNT
Full Name of Contributing Committee						$
Mailing Address						$
City	State	Zip Code (Plus 4) –				$
Full Name of Contributing Committee						$
Mailing Address						$
City	State	Zip Code (Plus 4) –				$
Full Name of Contributing Committee						$
Mailing Address						$
City	State	Zip Code (Plus 4) –				$
Full Name of Contributing Committee						$
Mailing Address						$
City	State	Zip Code (Plus 4) –				$
Full Name of Contributing Committee						$
Mailing Address						$
City	State	Zip Code (Plus 4) –				$
Full Name of Contributing Committee						$
Mailing Address						$
City	State	Zip Code (Plus 4) –				$
Full Name of Contributing Committee						$
Mailing Address						$
City	State	Zip Code (Plus 4) –				$
Full Name of Contributing Committee						$
Mailing Address						$
City	State	Zip Code (Plus 4) –				$

PAGE TOTAL $ 0

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PART D

ALL OTHER CONTRIBUTIONS

OVER $250.00

Use this Part to itemize all other contributions with an aggregate value of over $250.00 in the reporting period. (Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF TOM DIETRICH	From 06/05/07 To 10/22/07

	DATE (MO. / DAY / YEAR)	AMOUNT
Full Name of Contributor		$
Mailing Address		$
City / State / Zip Code (Plus 4)		$
Employer Name / Occupation		
Employer Mailing Address/Principal Place of Business		
Full Name of Contributor		$
Mailing Address		$
City / State / Zip Code (Plus 4)		$
Employer Name / Occupation		
Employer Mailing Address/Principal Place of Business		
Full Name of Contributor		$
Mailing Address		$
City / State / Zip Code (Plus 4)		$
Employer Name / Occupation		
Employer Mailing Address/Principal Place of Business		
Full Name of Contributor		$
Mailing Address		$
City / State / Zip Code (Plus 4)		$
Employer Name / Occupation		
Employer Mailing Address/Principal Place of Business		
Full Name of Contributor		$
Mailing Address		$
City / State / Zip Code (Plus 4)		$
Employer Name / Occupation		
Employer Mailing Address/Principal Place of Business		

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL $ 0

PART E

OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF TOM DIETRICH	From 6/5/07 To 10/22/07

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4) –	MO.	DAY	YEAR	Amount $
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4) –	MO.	DAY	YEAR	Amount $
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4) –	MO.	DAY	YEAR	Amount $
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4) –	MO.	DAY	YEAR	Amount $
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4) –	MO.	DAY	YEAR	Amount $
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4) –	MO.	DAY	YEAR	Amount $
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL $ 0

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF TOM DIETRICH	From 06/05/07 To 10/24/07

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF $50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	$ 0

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF $50.01 TO $250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	$ 0

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER $250.00 (FROM PART G)	
TOTAL for the Reporting Period (3)	$ 0

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD *(Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)*	$ 0

SCHEDULE II
PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF $50.01 TO $250.00

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF TOM DIETRICH	From 6/5/07 To 10/22/07

Full Name of Contributor			DATE MO.	DAY	YEAR	AMOUNT
Full Name of Contributor						$
Mailing Address						$
City	State	Zip Code (Plus 4) –				$
Description of Contribution:						
Full Name of Contributor						$
Mailing Address						$
City	State	Zip Code (Plus 4) –				$
Description of Contribution:						
Full Name of Contributor						$
Mailing Address						$
City	State	Zip Code (Plus 4) –				$
Description of Contribution:						
Full Name of Contributor						$
Mailing Address						$
City	State	Zip Code (Plus 4) –				$
Description of Contribution:						
Full Name of Contributor						$
Mailing Address						$
City	State	Zip Code (Plus 4) –				$
Description of Contribution:						
Full Name of Contributor						$
Mailing Address						$
City	State	Zip Code (Plus 4) –				$
Description of Contribution:						

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL $ 0

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER $250.00

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF TOM DIETRICH	From 6/5/07 To 10/22/07

Contributor	DATE (MO. / DAY / YEAR)	AMOUNT
Full Name of Contributor Mailing Address City / State / Zip Code (Plus 4) – Employer of Contributor Employer Mailing Address/Principal Place of Business	MO. DAY YEAR MO. DAY YEAR MO. DAY YEAR Occupation Description of Contribution	$ $ $
Full Name of Contributor Mailing Address City / State / Zip Code (Plus 4) – Employer of Contributor Employer Mailing Address/Principal Place of Business	MO. DAY YEAR MO. DAY YEAR MO. DAY YEAR Occupation Description of Contribution	$ $ $
Full Name of Contributor Mailing Address City / State / Zip Code (Plus 4) – Employer of Contributor Employer Mailing Address/Principal Place of Business	MO. DAY YEAR MO. DAY YEAR MO. DAY YEAR Occupation Description of Contribution	$ $ $
Full Name of Contributor Mailing Address City / State / Zip Code (Plus 4) – Employer of Contributor Employer Mailing Address/Principal Place of Business	MO. DAY YEAR MO. DAY YEAR MO. DAY YEAR Occupation Description of Contribution	$ $ $
Full Name of Contributor Mailing Address City / State / Zip Code (Plus 4) – Employer of Contributor Employer Mailing Address/Principal Place of Business	MO. DAY YEAR MO. DAY YEAR MO. DAY YEAR Occupation Description of Contribution	$ $ $

PAGE TOTAL $ 0

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF TOM DIETRICH	From 6/5/07 To 10/22/07

To Whom Paid	Mailing Address	City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	Description of Expenditure
US POST OFFICE		Hellertown	Pa	18055 -	09	04	07	$ 8.20	40 FIRST class STAMPS
Thomas DIETRICH	610 Hellertown Pa	Hellertown	Pa	18055-1840	10	17	07	$ 104.11	Reimbursement FOR Printing Supplies (CARDS, INKS, ETC.)
Valley Voice Publishing Co	PO Box 147	Hellertown	Pa	18055 - 0147	10	17	07	$ 60.00	3 ADS in NEWSPAPER
				–				$	
				–				$	
				–				$	
				–				$	
				–				$	

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL $ 172.31

SCHEDULE IV

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF TOM DIETRICH	From 6/5/07 To 10/22/07

Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	$
City		State	Zip Code (Plus 4) –		
Description of Debt					

Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	$
City		State	Zip Code (Plus 4) –		
Description of Debt					

Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	$
City		State	Zip Code (Plus 4) –		
Description of Debt					

Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	$
City		State	Zip Code (Plus 4) –		
Description of Debt					

Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	$
City		State	Zip Code (Plus 4) –		
Description of Debt					

Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	$
City		State	Zip Code (Plus 4) –		
Description of Debt					

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL $ 0